

**CRAIN
CATON
— & —
JAMES**

A PROFESSIONAL CORPORATION
ATTORNEYS AND COUNSELORS

TELEPHONE: 713.658.2323
FACSIMILE: 713.658.1921

**RECEIVED
CENTRAL FAX CENTER
DEC 09 2005**

17TH FLOOR
FIVE HOUSTON CENTER
1401 MCKINNEY STREET
HOUSTON, TEXAS 77010-4035

FAX COVER SHEET

TO: USPTO
Commissioner of Patents

FAX #: 1-571-273-8300

CC:

FROM: James E. Hudson III

NUMBER OF PAGES: 3
(INCLUDING COVER PAGE)

DATE: December 9, 2005

C/M#: 09238-000011

SUBJECT: Power of Attorney

Find enclosed the following documents:

1. Transmittal Form (1 sheet) PTO/SB/21
2. Power of Attorney and Correspondence Address Indication Form (1 sheet) PTO/SB/81

PLEASE CHECK TRANSMISSION AFTER THE LAST PAGE.
IF YOU ARE NOT RECEIVING CLEARLY, OR IF YOU
HAVE ANY PROBLEMS WITH THE TRANSMISSION,
PLEASE CALL US BACK IMMEDIATELY AT 713.658.2323.

THE ENCLOSED MATERIAL IS INTENDED FOR THE RECIPIENT NAMED ABOVE AND UNLESS OTHERWISE EXPRESSLY INDICATED, IS CONFIDENTIAL AND PRIVILEGED INFORMATION. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE.

550 - 252940v1
090238/000011

THANK YOU.

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/663,955
	Filing Date	9/16/03
	First Named Inventor	Robert H. Wohleb
	Art Unit	1743
	Examiner Name	Jan M. Ludlow
Total Number of Pages in This Submission	Attorney Docket Number	090238-000011

RECEIVED
CENTRAL FAX CENTER
DEC 9 2005

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Craln Caton & James		
Signature	<i>James E. Hudson III</i>		
Printed name	James E. Hudson III		
Date	9 December 2005	Reg. No.	41,081

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	<i>Kimberly A. Tobola</i>		
Typed or printed name	Kimberly A. Tobola	Date	9 December 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Dec 09 05 01:00p

Robert Wohleb

17077869577

p.2

PTO/SB/81 (04-05)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/563,955
	Filing Date	9/16/03
	First Named Inventor	Robert H. Wohleb
	Title	Direct Vial Surface Sorbent Micro
	Art Unit	1743
	Examiner Name	Jan M. Ludlow
	Attorney Docket Number	090238-000011

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number: 30903

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City State Zip

Country

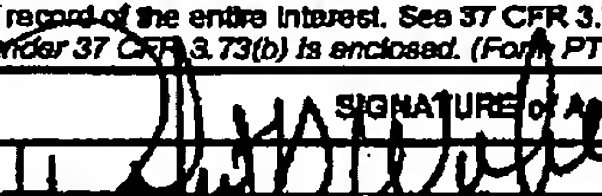
Telephone Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	12/09/05
Name	Robert H. Wohleb	Telephone	707-786-9577
Title and Company	Inventor		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.